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To: Radiation Oncology Providers

Billing for Intensity Modulated Radiation Therapy (IMRT)

Intensity Modulated Radiation Therapy (IMRT) is an evolving technology. The decision to use IMRT requires evaluation of the risks and benefits of such therapy compared to conventional treatment techniques. IMRT, although it may empirically offer advantages over conventional or three dimension (3-D) conformal therapy, is not a replacement for these therapies. IMRT is considered reasonable and necessary in those instances where sparing normal tissue surrounding the tumor is crucial and the refined precision is critical.

Currently, there are two (2) recognized IMRT treatment modalities:

- IMRT modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, (this delivery must use an MLC, a binary collimator [tomotherapy], or a pencil beam with leaves or other collimating devices that project to a nominal beam with width of 1cm or less at the treatment unit isocenter), and
- Compensator based IMRT which utilizes precision, customized, milled physical compensators to modulate the intensity of the radiotherapy beam to achieve highly modulated intensity patterns. These compensators are milled separately for each patient and for each gantry position of the radiotherapy plan and cannot be used for multiple patients. Compensating filters perform the same function of modulating the intensity of the radiotherapy beam as the multileaf collimator.

The multileaf collimator is not required if compensator based IMRT is utilized. Since compensator based IMRT does not use separate, individual segments per gantry position, a minimum of three separate gantry positions and compensators must be utilized and documented.

Procedure Code **77301**, Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications **should be billed for the dose plan** as stated in the Current Procedural Terminology (CPT).

Currently there is one (1) permanent CPT code to describe IMRT. Procedure Code **77418**, IMRT modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session. For Medicaid billing purposes, Procedure Code **77418 should be billed for either type of IMRT** until another permanent CPT is approved.

However, Medicare currently requires the use of procedure code 0073T for Medicare billing for Compensator based IMRT. For dual eligible (Medicare & Medicaid) recipients, procedure code 0073T should first be billed to Medicare as primary payor and then billed to Medicaid as secondary payor. **The use of procedure code 0073T is applicable to crossover claims only.**

If you have any questions, please contact Mary Timmerman with the Medical Support Programs at mary.timmerman@medicaid.alabama.gov or at (334) 242-5014.